

2. Enter a brief title to identify the component or system affected by CR
3. Enter the name and address of the contractor or Government activity submitting CR
4. Enter the name of the organization or office
5. Enter email address
6. Enter phone number
7. Enter fax number
8. Enter name of specifications and document(s) affected by the CR
9. Enter version/revision number
10. Enter date of document
11. Enter the information where applicable
  - a. Enter Government assigned name
  - b. Enter CI(s) being affected
  - c. Enter vendor name/ID
  - d. If hardware enter part number/model number
12. Enter the total estimated cost impact of CR for subject CI
13. Enter the estimated date for CR to be accomplished
14. The description of the proposed change shall include the purpose and shall be given in sufficient detail to adequately describe what is to be accomplished. A description as to which part of the item or system is being changed shall be provided. A description of request should also include the current process, its failings or reasons for change, benefits of new process, schedules and costs directly or indirectly expected. If additional space is needed, use continuation pages for details but provide an overview in this block.
15. Enter an explanation of the need for change to include specifically identifying the benefit of the change to the Government. The nature of the defect, failure incident, or malfunction, etc. substantiating the need for change shall be described in detail. If a new capability is being provided, improvement in speed, performance, or endurance shall be described in quantitative terms. Correspondence establishing requirements for the change and any testing accomplished prior to the submission shall be identified and summarized.
16. Describe in this block the changes in the performance allocations and in the functional/physical interfaces defined in the system specification.
17. Enter applicable document(s)/drawings to be updated
18. State the estimated delivery schedule of items incorporating the change, either in terms of days after contractual approval, or by specific date's contingent upon approval of a specified date. If there will be no effect on the delivery schedule, state so.
19. Enter information where applicable
  - a. Enter name of CM/QA Manager
  - b. Enter email address
  - c. Enter phone number
  - d. Enter date reviewed by CM/QA Manager

|  |                                 |                                    |                                       |
|--|---------------------------------|------------------------------------|---------------------------------------|
| <b>Distributed Learning System (DLS) Change Request Form</b> |                                 | 1. Date:                           |                                       |
|  |                                 | 2. Request Title:                  |                                       |
| 3. Originator's Name and Address:                            |                                 | 4. Originator's Organization:      |                                       |
|  |                                 | 5. Email:                          |                                       |
|  |                                 | 6. Phone #:                        |                                       |
|  |                                 | 7. Fax #:                          |                                       |
| 8. Specifications/Documents Affected:                        | 9. Version/Revision Number:     | 10. Date:                          |                                       |
|  |                                 |                                    |                                       |
|  |                                 |                                    |                                       |
|  |                                 |                                    |                                       |
| 11. List of Configuration Item(s) Affected:                  |                                 |                                    |                                       |
| a. Nomenclature/ Name  | b. Configuration Item(s).       | c. Vendor I.D.                     | d. Part No./Model No.                 |
|  |                                 |                                    |                                       |
|  |                                 |                                    |                                       |
|  |                                 |                                    |                                       |
| 12. Estimated Cost:  |                                 | 13. Proposed Effective Date:       |                                       |
| 14. Description of Change Request:                           |                                 |                                    |                                       |
| 15. Need for Change:   |                                 |                                    |                                       |
| 16. System Impact:   |                                 |                                    |                                       |
| 17. Documentation:   |                                 |                                    |                                       |
| 18. Effect of Delivery Schedule:                             |                                 |                                    |                                       |
| 19. Reviewed by CM/QA Manager if applicable:                 |                                 |                                    |                                       |
| a. Name:   | b. Email:                       | c. Phone #:                        | d. Date Reviewed:                     |
| <b>PM Office Use Only</b>                                    |                                 |                                    |                                       |
| <b>20. Change Request #:</b>                                 |                                 |                                    |                                       |
| Type of Request  | a. <input type="checkbox"/> ECP | b. <input type="checkbox"/> Waiver | c. <input type="checkbox"/> Deviation |
|  |                                 |                                    | d. <input type="checkbox"/> Other     |
| e. Priority:   | f. Severity:                    | g. Classification:                 | h. Configuration Item:                |
|  |                                 |                                    | i. Version:                           |
| j. Reviewer:   | k. Date Reviewed:               | l. Phone #:                        | m. Email:                             |
| n. Notes:  |                                 |                                    |                                       |
| o. CMO:  |                                 | p. Concur/Non-Concur               | q. Signature:                         |
|  |                                 |                                    | r. Date:                              |